

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES**SIGNMASTERS**26220051
26408201**1. Month of OCTOBER 1, 2008 THRU OCTOBER 31, 2008**

- | | | | | |
|-----|--|------------------------------------|---|-----|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | N | N/A |
| 7. | Are there any parameters which have exceeded PVSC Local Limits? | <input checked="" type="radio"/> Y | <input checked="" type="checkbox"/> 2N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 14. | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | N | N/A |
| 21. | Remove Arsenic from report if sampling not required | <input checked="" type="radio"/> Y | N | N/A |

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments on deficiencies _____

Complete

Date Reviewed 11/14/08 Date sent to user _____

Date due back _____ Reviewer *[Signature]*

Second review comments on deficiencies _____

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT

NOV 7 2008

NAME: SIGNMASTERS, INC.

MAILING ADDRESS: 217 BROOK AVENUE PASSAIC, NJ 07055

FACILITY LOCATION: 217 BROOK AVENUE PASSAIC, NJ 07055

CATEGORY & SUBPART: 9999

OUTLET #: 1

CONTACT OFFICIAL: Mr. John Belnowski

TELEPHONE: 973-614-8300

NEW CUSTOMER ID / OUTLET ID: 26220028-1 OLD OUTLET DESIGNATION: _____

MONITORING PERIOD

Start		
10	1	08
MO	DAY	YR

End		
10	31	08
MO	DAY	YR

Regulated Flow-gal/day 903 gallons/mo. % 23 work days

Total Flow-gal/day 39.3 gallons/day 43.2 gal/day/max

Average

Maximum

Method Used: _____

Direct water meter readings (see Table 1).

Production Rate (if applicable) TPH

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE
		MON AVG	MAXIMUM	UNITS		
Copper	Sample Measurement	0.050 mg/l	✓		one	Comp
	Permit Requirement	3.02 mg/l	✓			
Lead	Sample Measurement	0.0347 "	✓			Comp
	Permit Requirement	0.54 mg/l	✓			
Nickel	Sample Measurement	0.00548 "	✓			Comp
	Permit Requirement	5.9 mg/l	✓			
Zinc	Sample Measurement	1.700 mg/l	✓			Comp
	Permit Requirement	1.61 mg/l	✓			
TPH	Sample Measurement	< 5.05 "	✓			Grab
	Permit Requirement	100 mg/l	✓			
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

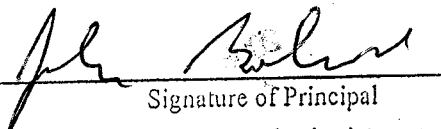
PRETREATMENT MONITORING REPORTCertification of Non-Use if applicable (use additional sheets): _____

_____Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every
parameter used: Signmasters was in compliance with PVSC local limits.

_____Explain Method for preserving samples: Nitric acid to pH less than 2.0ppm.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988


Signature of Principal
Executive or Authorized Agent

Mr. John Belnowski
Supervisor, Environmental Health & Safety

Type Name and Title

11/6/08
Date

TABLE 1

REVISED WATER METER READINGS AND SANITARY/INDUSTRIAL USAGE

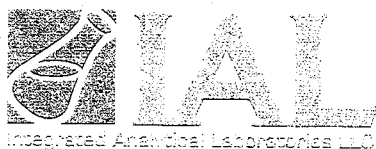
SIGNMASTERS, INC.,
217 BROOK AVENUE, PASSAIC PARK, NJ
Through October 31, 2008

All readings in gallons

MONTH BEGINNING	READING	MONTH ENDING	READING	INDUSTRIAL USAGE (MINUS 5%)	SANITARY USAGE
October 1, 2008		October 31, 2008			
Industrial (M-3)	389,280	Industrial (M-3)	390,230	950 (903)	
Sanitary (M-2)	1,090,900	Sanitary (M-2)	1,100,900		9,050
Sanitary (M-1)	135,367	Sanitary (M-1)	136,110		743
Total Monthly				903	9,793
September 1, 2008		September 30, 2008			
Industrial (M-3)	387,530	Industrial (M-3)	389,280	1,750 (1,663)	
Sanitary (M-2)	1,082,500	Sanitary (M-2)	1,090,900		6,650
Sanitary (M-1)	134,587	Sanitary (M-1)	135,367		780
Total Monthly				1,663	7,430
August 1, 2008		August 1, 2008			
Industrial (M-3)	386,840	Industrial (M-3)	387,530	1,869 (1,776)	
Sanitary (M-2)	1,073,900	Sanitary (M-2)	1,082,500		6,732
Sanitary (M-1)	133,270	Sanitary (M-1)	134,587		1,317
Total Monthly				1,776	8,049

Legend: M-1 = Sanitary (i.e., men's room).
M-2 = Sanitary (i.e., ladies room, men's sink, stripping room, pipes to press machines; M-2 is based on the meter reading of M-2 minus the meter reading of M-3. (i.e., M-3 industrial meter reading minus sanitary)
M-3 = Industrial.





ANALYTICAL DATA REPORT

for
Hesa Environmental Corp.
23 Jefferson Plaza
Princeton, NJ 08540

Project Name: SIGNMASTERS - 113-7
Lab Case Number: E08-11308

MDL = METHOD DETECTION LIMIT

Metals

Lab ID: 11308-001
Client ID: WS-102
Matrix-Units: Aqueous-ug/L
Percent Moisture: 100

Date Sampled: 10/1/2008
Time Sampled: 14:30
Date Analyzed: 10/7/08

Parameter	Result	Q	MDL
Copper	50.0		8.00
Lead	34.7		2.00
Nickel	5.48		4.00
Zinc	1700		8.00

General Analytical

Lab ID: 11308-001
Client ID: WS-102
Percent Moisture: 100

Date Sampled: 10/1/2008
Time Sampled: 14:30

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	7020000	2000	Aqueous-ug/L	10/1/2008 16:00
Total Suspended Solids	317000	83300	Aqueous-ug/L	10/3/2008 11:00
TPH- SGT HEM	ND	5050	Aqueous-ug/L	10/14/2008 17:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D
Laboratory Director

270 Franklin Road
Randolph, NJ 07869
Phone: 973 881 4262
Fax: 973 889 6268



IAL is a NELAP New Jersey, Certified Lab (#476) and is also certified in Connecticut (#P-0699), New York (#1402), Rhode Island (#1006), Pennsylvania (#0-00773) and in the Department of Navy QA Program.

PROJECT INFORMATION

Case No. **E08-11308**Project **SIGNMASTERS - 113-7**

Customer Hesa Environmental Corp.	P.O. #
Contact Jay Johnnidis	Received 10/1/2008 15:35
EMail jj@hesaenviro.com <input type="checkbox"/> EMail EDDs	Verbal Due 10/15/2008
Phone cell 609-577-2793 Fax 1(732) 329-6454	Report Due 10/22/2008
Report To	Bill To
23 Jefferson Plaza	23 Jefferson Plaza
Princeton, NJ 08540	Princeton, NJ 08540
Attn: Jay Johnnidis	Attn: Jay Johnnidis
Report Format Result Only	
Additional Info <input type="checkbox"/> State Form <input type="checkbox"/> Field Sampling <input type="checkbox"/> Conditional VOA	

<u>Lab ID</u>	<u>Client Sample ID</u>	<u>Depth Top / Bottom</u>	<u>Sampling Time</u>	<u>Matrix</u>	<u>Unit</u>	<u># of Containers</u>
11308-001	WS-102	n/a	10/1/2008@14:30	Aqueous	ug/L	5

<u>Sample #</u>	<u>Tests</u>	<u>Status</u>	<u>QA Method</u>
001	Copper - Cu	Run	200.8
"	Lead - Pb	Run	200.8
"	Nickel - Ni	Run	200.8
"	Zinc - Zn	Run	200.8
"	BOD	Run	5210B
"	TPH-SGT HEM	Run	1664A
"	TSS (Suspended)	Run	2540D

10/02/2008 14:45 by kim - REV 1

As per Jay Johnnidis, add nickel to metal analysis.

INTEGRATED ANALYTICAL LABORATORIES, LLC

SAMPLE RECEIPT VERIFICATION

CASE NO: E 08

11308

CLIENT:

HESA

COOLER TEMPERATURE: 2° - 6°C: ☒

(See Chain of Custody)

Comments

COC: COMPLETE / INCOMPLETE

KEY

☒ = YES/NA
☒ = NO

- ☒ Bottles Intact
- ☒ no-Missing Bottles
- ☒ no-Extra Bottles

Rec'd 5 containers 1/0 4.

- ☒ Sufficient Sample Volume
- ☒ no-headspace/bubbles in VOs
- ☒ Labels intact/correct
- ☒ pH Check (exclude VOs)¹
- ☒ Correct bottles/preservative
- ☒ Sufficient Holding/Prep Time¹

☐ Sample to be Subcontracted

¹ All samples with "Analyze Immediately" holding times will be analyzed by this laboratory past the holding time. This includes but is not limited to the following tests: pH, Temperature, Free Residual Chlorine, Total Residual Chlorine, Dissolved Oxygen, Sulfite.

ADDITIONAL COMMENTS:

SAMPLE(S) VERIFIED BY:

INITIAL

ED

DATE

10/1/08

CORRECTIVE ACTION REQUIRED:

YES

(SEE BELOW)

NO

CLIENT NOTIFIED:

YES

Date/ Time:

NO

PROJECT CONTACT:

SUBCONTRACTED LAB:

DATE SHIPPED:

ADDITIONAL COMMENTS:

VERIFIED/TAKEN BY:

INITIAL

HJ

DATE

10-2-08

REV 02/05

Laboratory Custody Chronicle

IAL Case No.

E08-11308

Client Hesa Environmental Corp.Project SIGNMASTERS - 113-7Received On 10/ 1/2008@15:35**Department: Metals**

			<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
Copper - Cu	11308-001	Aqueous	10/ 6/08	Lisa	10/ 7/08	Helge
Lead - Pb	-001	Aqueous	10/ 6/08	Lisa	10/ 7/08	Helge
Nickel - Ni	-001	Aqueous	10/ 6/08	Lisa	10/ 7/08	Helge
Zinc - Zn	-001	Aqueous	10/ 6/08	Lisa	10/ 7/08	Helge

Department: Wet Chemistry

			<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
BOD	-001	Aqueous	n/a	n/a	10/ 1/08@16:00	Kris
TPH-SGT HEM	-001	Aqueous	n/a	n/a	10/14/08	Robert
TSS (Suspended)	-001	Aqueous	n/a	n/a	10/ 3/08	Kam

Review and Approval: _____

